

## Medical Necessity Guidelines: Bariatric Surgery

Effective: January 1, 2023

<b>Prior Authorization Required</b> If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p><b>Applies to:</b></p> <p><b>COMMERCIAL Products</b></p> <p><input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409</p> <ul style="list-style-type: none"> <li>CareLink<sup>SM</sup> – Refer to <a href="#">CareLink Procedures, Services and Items Requiring Prior Authorization</a></li> </ul> <p><b>TUFTS HEALTH PUBLIC PLANS Products</b></p> <p><input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055</p> <p><input checked="" type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055</p> <p><input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404</p> <p><input checked="" type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304</p> <p>*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p><b>SENIOR Products</b></p> <ul style="list-style-type: none"> <li>Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the <a href="#">Tufts Health Plan SCO Prior Authorization List</a></li> <li>Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the <a href="#">Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List</a></li> </ul>	
<p><b>To obtain InterQual<sup>®</sup> SmartSheets<sup>™</sup>:</b></p> <ul style="list-style-type: none"> <li><b>Tufts Health Plan Commercial Plan products:</b> If you are a registered Tufts Health Plan provider <a href="#">click here</a> to access the Provider website. If you are not a Tufts Health Plan provider please click on the Provider Log-in and follow instructions to register on the Provider website or call Provider Services at 888.884.2404.</li> <li><b>Tufts Health Public Plans products:</b> InterQual SmartSheet(s) available as part of the prior authorization process.</li> </ul>	

**Note:** While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

The plan may cover bariatric surgery for adult and adolescent Members who meet specific guidelines. This guideline is for the review of bariatric procedures and for those elective re-operation for complications after bariatric surgery when the Member has a symptomatic anatomic abnormality resulting from the first bariatric procedure (e.g., obstruction, band erosion, anastomotic stenosis or ulcer) requiring surgery to resolve symptoms.

The plan requires the use of an InterQual SmartSheet to obtain prior authorization for Bariatric Surgery and revisional procedure(s).

In order to obtain prior authorization for procedure(s), choose the appropriate InterQual SmartSheet(s) listed below. The completed SmartSheet(s) must be sent to the applicable fax number listed above, according to Plan.

- **Adjustable Gastric Banding – Adult**
- **Biliopancreatic Diversion with Duodenal Switch – Adult**
- **Revisional Procedure – Adult**
- **Roux-en-Y Gastric Bypass (RYGB) – Adult**
- **Sleeve Gastrectomy – Adult**
- **Revisional Procedure – Adult**
- **Laparoscopic Adjustable Gastric Band (Repair, Revision) – Adult**
- **Laparoscopic Adjustable Gastric Band (Removal) – Adult**

The plan may cover bariatric surgery for Members  $\geq 13$  and  $< 18$  years of age. In order to obtain prior authorization for procedure(s), choose the appropriate InterQual SmartSheet(s) listed below. The completed SmartSheet(s) must be sent to the applicable fax number listed above, according to Plan.

- **Bariatric Surgery, Roux-en-Y Gastric Bypass (RYGB) (Adolescent)**
- **Bariatric Surgery, Sleeve Gastrectomy (Adolescent)**
- **Revisional Procedure – Adolescent**
- **Laparoscopic Adjustable Gastric Band (Removal) – Adolescent**
- **Laparoscopic Adjustable Gastric Band (Repair Revision) – Adolescent**

**TUFTS HEALTH PLAN PRODUCTS FACILITIES:**

**Commercial HMO and EPO Products:**

Bariatric surgery must be performed at facilities in the [Designated Provider Network for Bariatric Surgery \(DPNBS\)](#) in order for the procedure to be covered for HMO and EPO Members.

**Commercial POS and PPO Products:**

If POS and PPO Members want to receive coverage at the authorized/In-network level of benefits, bariatric surgery must be performed at one of the facilities in the [Designated Provider Network for Bariatric Surgery \(DPNBS\)](#). For POS/ PPO Members, if bariatric surgery is not performed at a DPNBS facility, coverage will be provided at the unauthorized/out of network level of benefits.

**Public Plan Products:**

Bariatric surgery must be performed at facilities in the [Designated Provider Network for Bariatric Surgery \(DPNBS\)](#) in order for the procedure to be covered for Public Plan Members

**CODES**

**Procedures REQUIRING PRIOR AUTHORIZATION:**

Code	Description
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components)
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components
43775	Laparoscopy, surgical, gastric restrictive device procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50-100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric band (separate procedure)
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy

Code	Description
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
43999	Unlisted procedure, stomach

### LIMITATIONS

The plan considers the following procedures to be investigational and, therefore, not medically necessary:

- Intra-gastric balloon procedures for the treatment of obesity (e.g. Orbera Intra-gastric Balloon System, ReShape Integrated Dual Balloon System)
- Endoscopic sclerotherapy for bariatric indications (e.g. revision of Roux-en-Y procedure to address weight regain) and endoscopic gastric suturing (e.g. with the Apollo Overstitch™ System) for revision of gastric bypass or as a primary bariatric procedure
- Single anastomosis gastric bypass (also referred to as “mini gastric bypass”)
- TransPyloric Shuttle
- Bariatric Surgery, Adjustable Gastric Banding in Adolescents

### REFERENCES

1. Inge T, Courcoulas A, Jenkins T, et al. Weight loss and health status 3 years after bariatric surgery in adolescents. NEJM 2015; DOI: 10.1056/NEJMoa1506699 accessed December 17, 2015
2. Stefater MA, Jenkins T, Inge T. Bariatric surgery for adolescents. Pediatric Diabetes 2013; 14:1-12
3. Hayes, Inc. Roux-en-Y Gastric Bypass for Treatment of Type II Diabetes: A Review of Reviews. Hayes Medical Technology Directory. May 25, 2017. Accessed January 20, 2022.
4. Hayes, Inc. OverStitch Endoscopic Suturing System (Apollo Endosurgery Inc.) for Transoral Outlet Reduction: Hayes Evolving Evidence Review. May 7, 2021. Last accessed January 20, 2022.
5. Hayes, Inc. Comparative Effectiveness Review of Bariatric Surgeries for Treatment of Obesity in Adolescents. Hayes Comparative Effectiveness Review. January 13, 2019. Last accessed January 20, 2022.
6. Mass Health. MassHealth Guidelines for Medical Necessity Determination for Bariatric Surgery. [MassHealth Guidelines for Medical Necessity Determination for Bariatric Surgery | Mass.gov. August 19, 2019.](#) Accessed October 28, 2022.

### APPROVAL HISTORY

January 1, 2007: Reviewed by the Medical Affairs Medical Policy Committee

Subsequent endorsement date(s) and changes made:

- January 1, 2007: New Criteria effective March 6, 2007
- April 16, 2007: Changes to coverage criteria made regarding Member’s BMI and co-morbid medical conditions
- May 29, 2007: Additional information added regarding coverage for different benefit plan documents.
- May 12, 2008: CPT Code 43845 removed from this guideline. This code is not covered experimental/investigational and is on Tufts Health Plan’s Statements of Non Coverage.
- October 29, 2008: Reviewed and renewed without changes
- November 19, 2009: Administrative process updated
- December 23, 2009: Reviewed and no changes made
- December 2010: Reviewed by Medical Affairs, Medical Policy, no changes
- January 2011: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC): Sleeve gastrectomy code, 43775, added to coverage; effective July 1, 2011.
- January 18, 2012: Reviewed by IMPAC, no changes
- June 13, 2012: Reviewed by IMPAC: BMI calculations clarified.
- October 10, 2012: Reviewed by IMPAC. A completed InterQual® SmartSheet™ for this procedure will be required effective January 1, 2013 along with Tufts Health Plan additional coverage guidelines concerning the iCanChange™ program and Designated Provider Networks.

- December 12, 2012: Reviewed by IMPAC. MNG and InterQual® SmartSheet™ approved. Coding updated
- December 11, 2013: Reviewed by IMPAC, renewed without changes.
- January 8, 2014: Participation in the Tufts Health Plan iCanChange™ program clarified.
- November 19, 2014: Reviewed by IMPAC. Health Programs informed the committee that the iCanChange Program will cease June 30, 2015. The enrollment requirement will stop effective January 1, 2015. Members who are enrolled may voluntarily choose to continue participation in the program until completion through June 30, 2015. Effective January 1, 2015 the InterQual® SmartSheet™ Organizational Policy Note will be amended to 'The Member has a documented history of weight management attempts and has been unable to maintain sustained weight loss'.
- December 10, 2014: Reviewed at IMPAC. Confirmed the enrollment requirement for the iCanChange™ program will cease effective January 1, 2015. The iCanChange™ program language removed from all coverage criteria.
- January 1, 2015: Instructions for Tufts Health Plan – Network Health products included in this document.
- March 11, 2015: Reviewed by IMPAC. Link added to separate Medical Necessity Guidelines: 'Bariatric Reoperation for Complications'
- July 23, 2015: Reviewed by IMPAC, renewed without changes.
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- October 14, 2015: Reviewed by IMPAC. Limitation added regarding metabolic surgery for treatment of type 2 diabetes of individuals with BMI between 35 and 39 effective April 1, 2016.
- January 13, 2016: Reviewed by IMPAC. Bariatric surgery for Members  $\geq 13$  and  $< 18$  years of age added for an effective date of July 1, 2016.
- March 9, 2016: Reviewed by IMPAC. Wording changes to clarify the designated facility listings; and adolescent bariatric facilities added to the link on page one effective July 1, 2016.
- July 20, 2016: Reviewed by IMPAC, renewed without changes
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- July 20, 2017: Reviewed by IMPAC, renewed without changes
- September 12, 2018: Reviewed by IMPAC, intragastric balloon procedures added to limitation section.
- December 3, 2018: 2018.2 InterQual® upgrade for Tufts Health Commercial products including Freedom. Effective December 17, 2018, InterQual® upgrade is effective for Tufts Health Direct and Tufts Health Together. Effective January 14, 2019, InterQual® effective for Tufts health RITogether.
- December 12, 2018: Reviewed by IMPAC, update to "Limitations" section (limitation regarding coverage for Type 2 diabetes removed).
- January 9, 2019: Reviewed by IMPAC, update to "Limitations" section.
- June 19, 2019: Reviewed by IMPAC, update to "Limitations" section, addition of TransPyloric Shuttle as a limitation.
- September 18, 2019: Reviewed by IMPAC, renewed without changes
- July 15, 2020: Reviewed by IMPAC. Bariatric surgery, Adjustable Gastric Banding in Adolescents procedure removed, and language added to "Limitations" with an effective date of July 15, 2020.
- July 22, 2020: Fax number for Unify updated
- October 21, 2020: Reviewed by IMPAC, renewed without changes
- December 21, 2021: Reviewed by Medical Policy Approval Committee (MPAC), renewed without changes
- February 16, 2022: Reviewed by Medical Policy Approval Committee (MPAC) for integration purposes with Harvard Pilgrim Health Care with an effective date of March 4, 2022. Retired medical policy for "Reoperation of Bariatric Operations"; content for reoperation included in this MNG and procedures now require review with IQ Smartsheets
- November 16, 2022: Reviewed by MPAC; bariatric surgery must be performed at facilities in the Designated Provider Network to be covered for Public Plan Products, effective January 1, 2023.

## **BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION**

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.